A SITUATIONAL ANALYSIS OF ALCOHOL CONSUMPTION AMONG HIGH SCHOOL STUDENTS
A BASELINE SURVEY REPORT
Funded by the Swedish International Development Cooperation Agency

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Acknowledgements

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# Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations</td>
<td>6</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>7</td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Objectives of the study</td>
<td>9</td>
</tr>
<tr>
<td>Methodology</td>
<td>12</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>12</td>
</tr>
<tr>
<td>Findings</td>
<td>13</td>
</tr>
<tr>
<td>Background information: Demographic Characteristics</td>
<td>13</td>
</tr>
<tr>
<td>Access to alcohol</td>
<td>14</td>
</tr>
<tr>
<td>Awareness of Risks associated with alcohol and other drugs</td>
<td>20</td>
</tr>
<tr>
<td>Pre-disposition to risks associated with alcohol</td>
<td>21</td>
</tr>
<tr>
<td>Existence of student-friendly structures and rules that mitigate alcohol abuse</td>
<td>23</td>
</tr>
<tr>
<td>Discussion</td>
<td>24</td>
</tr>
<tr>
<td>Recommendations</td>
<td>25</td>
</tr>
<tr>
<td>Conclusion</td>
<td>26</td>
</tr>
<tr>
<td>Works Cited</td>
<td>28</td>
</tr>
<tr>
<td>Appendix 1: HIGH SCHOOL STUDENT QUESTIONNAIRE</td>
<td>30</td>
</tr>
</tbody>
</table>
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA</td>
<td>Alcohol and Drug Abuse</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>FCSW's</td>
<td>Female Commercial Sex Workers</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KGGGA</td>
<td>Kenya Girl Guides Association</td>
</tr>
<tr>
<td>KShs.</td>
<td>Kenya Shillings</td>
</tr>
<tr>
<td>NACADAA</td>
<td>National Campaign Against Drug Abuse Authority</td>
</tr>
<tr>
<td>PSS</td>
<td>Psycho Social Support</td>
</tr>
<tr>
<td>STI's</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>WDR</td>
<td>World Development Report</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

SCAD is a youth not-for-profit organization aimed at reducing the escalation of alcohol, drug abuse and HIV/AIDS infections, among young people. SCAD promotes informed decision-making among young people by providing the right information, empowering them with the decision-making skills and creating an enabling environment to support good decisions. SCAD also supports young people already abusing substances through behavior change approaches.

This Situational Analysis of alcohol use among students was conducted using three main approaches – a review of relevant documentation, a mapping exercise, and an impact evaluation – to identify gaps in the implementation of drug use and harm reduction policy. The study employed a people-centered approach in conducting the interviews, administering of survey questionnaires, and the facilitation of focus-group discussions. The outcomes noted were largely informed by information gathered from the primary target group – youth.

The analysis was carried out in 28 schools within Nairobi and Kiambu Districts. 1,470 students aged between 14 – 18 years participated in the survey. The sample population was balanced in terms of gender and comprised of alcohol consumers and non-users from various social, religious, and economic backgrounds who participated in focus-group discussions and the survey. Of the sample population, 46.6% were from Day Schools, 46.4% from Boarding Schools and 7% from Day and Boarding schools. Majority of the respondents were from provincial schools (65.5%). There was almost equal gender representation, with 51.5% male participation against 48.5% female participation.

Stakeholders interviewed provided information (including their perceptions) on the policy framework, programs and treatment options, educational management systems and financing systems that guide the response to alcohol and drug use among youth.

An analysis of the data collected revealed the following:

a) The average age of the sample population was 18 years.

b) Majority (26.5) of current alcohol users had their first alcoholic drink between the ages of 14 – 16 years, while 23.2% of current users took their first drink aged below 12 years.

c) The key influencing factors identified were:
   i. Peer pressure (desire to fit in);
   ii. Enabling social environment created by local festivals and events (Christmas, birthday parties, weddings, etc);
   iii. Family problems;
   iv. Availability and ease of access;
   v. The demands of schoolwork;
   vi. Challenges associated with the transition to manhood or womanhood; and
   vii. A general culture of acceptance of alcohol as portrayed in the media, especially advertisements.
d) In terms of alcohol use:
   i. A significant number of respondents (48.9%) indicated past consumption of consumed alcohol, with 18.5% maintaining usage. Respondents from private schools had the highest proportion of current consumers at 22.9%.
   ii. The percentage of students reporting any alcohol use increased with grade level: 9.8% of form one students versus 29.5% of form four students.
   iii. More males (23.5%) were found to be currently taking alcohol compared to the females, (13.2%).

e) Awareness of risks associated with alcohol and other drugs: 93.1% of the respondents reported that alcohol was bad with 74.4% highlighting that use of alcohol might lead to poor performance in class. However, only 47.7% indicated that use of alcohol increases the risk of HIV infection.

f) The study highlights a strong link between alcohol consumption increased sexual activity and violence among young people. Eight (8) % of the respondents reported that they engaged in sex after consuming alcohol while 3.5% reported that they could not remember if they had sex after taking alcohol. Overall, 39.7% of the respondents reported to have ever had sex i.e. 71.5% of the males and 28.5% of females. Among the respondents who reported to have had ever had sex, 56.7% had penetrative sex with a member of the opposite sex while 0.7% and 0.6% had male-to-male and female-to-female sexual relationships respectively.

Recommendations
1. A strong community focus that recognizes the individual family unit should be adopted for effective prevention and intervention activities including public education and peer education approaches.
2. Awareness and education programs should use modern technology and interactive approaches while incorporating the experiences of reformed drug users in communicating messages. Priority should be given to the building of the capacity of existing youth groups and the formation of leadership groups/clubs in schools as systems that can promote change.
3. Laws related to the use of alcohol, and illegal drugs need to be reviewed with particular emphasis on issues related to access.
4. Develop age appropriate materials for education programs and media messages. The Ministry of Education should introduce character-based education as part of the school curriculum at all levels beginning at pre-school. Focus should be given to the teaching of morals and values using age appropriate methodologies.
5. Establish rehabilitation and drop-in centres at strategic locations and put in place mechanisms that promote and facilitate increased collaboration among stakeholders including a formalized referral system.
6. Increase public awareness of policy using a bottom –up approach to policy development. The National Youth Policy could play a leading role in orchestrating a response to alcohol and drug use by addressing the root causes and providing sustainable solutions and support for youth through skills development programs and education at the community, county and national level.
Introduction

Approximately 2 billion people worldwide consume alcohol, and an estimated 76 million of them are estimated to be suffering from alcohol consumption disorders. Alcohol and drug use has been associated with a myriad of negative consequences including, intended and unintended injury, risky sexual behavior, future substance use and dependence amongst others. A baseline survey on drugs and substance abuse, targeting 10-24 year old youth indicated that the trend for alcohol and other drug abuse is on the rise thus posing great danger to the health of young people and the nation as a whole.

Due to perceptions of invulnerability and low value placed on the future relative to the present, (World Bank, 2006) young people are generally more risk averse and prone to engage in risky behaviors. Consequently, they are vulnerable to the associations between alcohol consumption and high-risk sexual behavior, even when they have knowledge of safe health practices.

The SCAD, a youth not-for-profit organization aimed at reducing the escalation of alcohol and drug abuse and HIV/AIDS infections, among young people. SCAD promotes informed decision making among young people by providing the right information, empowering them with the decision-making skills and creating an enabling environment to support good decisions.

It is with this background that SCAD conducted a baseline survey to gauge young people’s knowledge, attitudes and practices (KAP) on alcohol, other drug use and HIV/AIDS as well as the current school-based policies and systems relating to alcohol and other drugs in 2010. The overall aim of the survey is to implement an effective and comprehensive alcohol and drug prevention programs for young people.

Objectives of the study

The study was carried out with the aim of getting information on current alcohol consumption among students and to inform the implementation of activities by SCAD. The specific objectives were as follows;

i. To establish awareness of risk factors associated with alcohol and drug abuse among students in Kenyan schools and colleges
ii. To establish accessibility to alcohol and drugs for students in and out of school
iii. To identify the levels of pre-disposition to risks associated with alcohol and drug abuse among students in Kenyan schools and colleges
iv. To establish the existence of student-friendly structures and policies that mitigate alcohol and drug use both in and out of school

Literature Review

There is not much published research on alcohol consumption especially among the youth and in the context of learning institutions in Kenya.
However, alcohol consumption is gaining recognition locally and internationally, as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime.

Apart from the adverse health consequences, alcohol consumption has also been linked with various negative social and economic outcomes. Alcohol consumption has been associated with gender-based violence, crime, poverty, child abuse and neglect. Its economic impacts manifest at both the macro and micro levels. At the macro level, countries continue to incur heavy financial costs in responding to the negative health and social consequences, while at the micro-level, households struggle to cope, when breadwinners who are mostly male, divert scarce family resources towards alcohol. Developing countries and their populations have suffered the most from the negative impact of alcohol consumption and abuse. As a result, alcohol is now seen as a major hindrance to economic and social development.

Literature concerning the objectives of this research was reviewed. The main subjects of relevance to this study that seemed to emerge include; alcohol as it relates to sexual risk behavior, accessibility of alcohol to underage consumers and how parental roles impact on teenage drinking.

Alcohol as it Relates to Sexual Risk Behavior In an eight-country cross-cultural study on alcohol and sexual risk behavior (WHO, 2005), young adolescents are classified as a high risk group, in a list that includes groupings such as migrants workers, truck drivers, FCSW’s, prison inmates, psychoactive substance users, antenatal clinic attendees and tribal populations.

Due to perceptions of invulnerability and low value placed on the future relative to the present, (The World Bank, 2006) young people are generally more risk averse and prone to engage in risky behaviors.

Hence, they are vulnerable to the associations between alcohol consumption and high-risk sexual behavior, even when they have knowledge of safe health practices. Patterns of hazardous alcohol consumption have been found to prevail in countries with the most severe HIV epidemics, notably eastern and southern Africa. In South Africa, for example, with a yearly per-capita consumption of alcohol that is among the highest in the world, nearly one out of every five sexually active adults is HIV positive (Fritz, Neo, & Kalichman, 2010).

Alcohol consumption has been linked to sexual risk behaviors. It has been linked with early sexual debut, which is in turn linked to increased risk of contracting STI’s and HIV/AIDS (WHO, 2005). As a result, young girls undergoing puberty are more likely to be infected with the HIV/AIDS virus upon exposure than mature women are. Since alcohol is known to impair judgment, partners in sexual encounters that are preceded by heavy drinking episodes are unlikely to employ safe sex practices and thus expose themselves to higher risk of STI and HIV/AIDS infections.

Other high-risk sexual behaviors linked to alcohol include multiple partnering, commercial sex and date rape. While the drug rohypnol is almost synonymous with date rape, alcohol has been found to be the most common facilitator in sexual abuse cases where perpetrators are persons known by the victim (University of Ulster, 2007).
Therefore, women, especially young girls who consume alcohol are in addition to other risky sexual behaviors also faced by the risk of sexual assault.

**Accessibility of alcohol to underage consumers**

During the process of data analysis for this study, the Alcoholics Drinks Control Bill, 2010 became law. This significantly changed the environment within which data for this study was collected. It is expected to reduce drinking patterns and levels in Kenya. The purpose of the Alcoholics Drinks Control Act, 2010 is to provide for the regulation of production, manufacture, sale, labeling, promotion, sponsorship and consumption of alcoholic drinks.

Several provisions specifically target a reduction of underage drinking. For Instance the sale of alcohol for under aged persons (18 years and below) will be punishable by fines not exceeding one hundred and fifty thousand shillings (KShs 150,000), or to imprisonment for a term not exceeding one year, or to both Sec28 (2). While sale of alcohol was previously illegal, the new Act imposes stiff penalties to individuals who sell alcohol to minors or even allow them access to areas where alcohol is manufactured, sold or consumed Sec 24(1). As a result of the passing of this law, it is expected that young people will therefore have less access to alcohol.

The Act also makes special provisions for learning institutions. No licenses will be issued for alcohol selling outlets within 300 meters of any learning institution for persons under the age of 18 years Sec 12 (1) c.6.

The Act also ensures the right to access information and education on health effects of alcohol abuse and access to treatment and rehabilitation programs for those facing the detrimental effects of alcohol. Further, it prohibits deceptive messages in promotion of alcoholic drinks through different media. In connection with right to access information and education as enshrined in the Act, Kittleson et al. (2005) supports the achievement by stating that “whether or not media advertisements influence most people, you can maintain your own independence if you remain critically aware of the “information” you receive about alcohol.”

**Parental roles and how they influence teenage drinking**

Family background plays a significant role as either a risk or protective factor against substance abuse. For instance, youths without a highly involved father are more at risk of first substance use. While living in an intact family decreases the risk of first substance use (Bronte-Tinkew et al. cited in Njonjo, 2010). The absence of parents particularly fathers, during childhood leaves children exposed to many other risks apart from substance abuse. According to a survey conducted in February 2009 at the Industrial Area Remand Prison in Nairobi, out of 3,200 prisoners interviewed, 78% of them grew up without fathers, 8% had abusive fathers and 6% had passive fathers. (Mbevi cited in Njonjo, 2010).

Yet the mere presence of parents is itself not a protective factor. Parents can be present but instead of providing care and nurturing be the source of frustration and abuse or neglect which can lead children towards substance abuse. A non-conducive family environment where divorce or separation
is occurring can also lead to alcohol abuse (KGGA, 2010) just as well as one where there is domestic violence. A NACADAA household survey in 2007 also found that children whose parents or other family members consume any drug are more likely (13.1%) to have consumed alcohol than those where none of their parents or other family members (5.0%) consume any drug.

Methodology
Information on the levels of knowledge, attitudes and practices around alcohol was obtained using quantitative and qualitative methods of data collection and analysis to achieve the set objectives.

Survey Population
The quantitative survey captured data from 28 schools around Nairobi and Kiambu districts where SCAD operates.

Sampling
The selection of schools was done through purposive sampling (SCAD operational areas). The respondents were then selected through systematic sampling in the schools sampled.

Data Collection
A half-day training in data collection methodology was conducted for the research assistants to strengthen their capacities in data collection. The questionnaire was pretested by the research team to a small group of people to make any changes in wording for clarity.

Data was collected through self-administered questionnaires with the students in the school. In an attempt to minimize missing data, the research assistants’ collected the questionnaires and briefly perused the document to see if any questions had been left blank by mistake. The questionnaire took an average of 30 minutes to complete. A total of 1,470 questionnaires were collected.

Data analysis
Data from the questionnaires were entered into SPSS version 17. Data were coded, entered and cleaned. All data were entered into the system twice to minimize data entry errors. The questionnaires were entered onto the computer using SPSS. Data analysis procedure was aimed to obtained simple frequencies from the response of students regarding the said variable.

Ethical Considerations
In order to endure the respondents did not come to any harm, the following ethical considerations were taken.
1. Approval was sought from NACADA and the Ministry of Education to carry out the study.
2. All the students who were involved in the study were informed of the content of the study tool verbally by the research team and in written form. They were given an option of opting out anytime during the study.
3. The anonymity of the students who were involved in the study was maintained by ensuring their name did not appear on the questionnaire.
Findings

Background information: Demographic Characteristics
The questionnaires were distributed to different types of schools i.e. Day Schools, Boarding School or both (Day and Boarding). Table 1 and 2 shows the percentage of respondents in each category.

<table>
<thead>
<tr>
<th>Type of school</th>
<th>Percent</th>
<th>Frequency (N=)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>46.6</td>
<td>685</td>
</tr>
<tr>
<td>Boarding</td>
<td>46.4</td>
<td>682</td>
</tr>
<tr>
<td>Day and Boarding</td>
<td>7</td>
<td>103</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>1,470</td>
</tr>
</tbody>
</table>

Table 1: Distribution of respondents according to type of school

<table>
<thead>
<tr>
<th>Category of school</th>
<th>Percent</th>
<th>Frequency(N=)</th>
</tr>
</thead>
<tbody>
<tr>
<td>District</td>
<td>20.1</td>
<td>295</td>
</tr>
<tr>
<td>Provincial</td>
<td>65.5</td>
<td>963</td>
</tr>
<tr>
<td>National</td>
<td>4.0</td>
<td>59</td>
</tr>
<tr>
<td>Private</td>
<td>10.4</td>
<td>153</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>1470</td>
</tr>
</tbody>
</table>

Table 2: Distribution of respondents according to category of school

65.5% of students who were interviewed came from provincial schools, 20.1% from district school and 10.4% from private school. 46.6% came from day school and 46.4% from boarding school.

Family attributes such as if the adolescents live with both parents or with a single mother has been shown to affect sexual behavior. Research has also found that when the father is present in the household (father only or both parents), adolescents are less likely to engage in risky sexual behavior and respond better to behavior change initiatives than when only the mother or no parent is present (Bronte-Tinkew et al. Njonjo, 2010).

The background characteristics of the respondents have been highlighted in table 3 below.

<table>
<thead>
<tr>
<th>School Category</th>
<th>District (N=295)</th>
<th>Provincial (963)</th>
<th>National (59)</th>
<th>Private (153)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50.8%</td>
<td>42.9%</td>
<td>100%</td>
<td>88.2%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Female</td>
<td>49.2%</td>
<td>57.1%</td>
<td>11.8%</td>
<td>11.8%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Age of the respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 14 years</td>
<td>0.7%</td>
<td>1.8%</td>
<td>3.4%</td>
<td>1.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>14-16 years</td>
<td>41.7%</td>
<td>52.7%</td>
<td>55.9%</td>
<td>56.2%</td>
<td>50.6%</td>
</tr>
<tr>
<td>17-18 years</td>
<td>45.4%</td>
<td>38.6%</td>
<td>39%</td>
<td>28.8%</td>
<td>39.4%</td>
</tr>
<tr>
<td>Over 18 years</td>
<td>12.2%</td>
<td>6.9 %</td>
<td>1.7%</td>
<td>13.7%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>
Table 3: Socio-demographic characteristics

Table 3 shows homogeneity across the gender with the study population with males being 51.5% and females 48.5%. Most of the respondents were between the ages of 14-16 years (50.6%), followed by 17-18 years. Only 18.9% of form four students were interviewed.

With regard to whom they live with, most respondents (67.6%) indicated that they lived with both parents and it was the common denominator among students in national schools where 76.3% of them still live both parents. 20.8% of the respondents live with single mother and it is homogenous across the categories of the school. 4.8% of the respondents from the district school live with their aunt and uncle compared to the national schools where only 1.7% live with their aunt and uncle. A significant proportion of the private schools respondents (4.1%) live with their grandparents as compared to the other categories of school. Some respondents indicated that they lived either alone or with siblings, this was captured under others category.

Access to alcohol

Access is defined as a measure of the ability of person to receive or get what they want, in this case, alcohol. One of the dimension accessibility is looking at the availability of the alcohol. This can be measured by how many adolescents take alcohol. 48.9% of the respondents have ever taken alcohol with 18.5% currently taking alcohol, with the highest being among private school at 22.9%. In terms of looking at the categories of schools, it is highest in boarding schools with 19.8% of them taking alcohol; it is followed by the day and boarding school where 17.5% take alcohol as shown in figure 1. More males (23.5%) are currently taking alcohol compared to the females, who only 13.2% are currently taking alcohol as shown in fig 2.
Table 4: Distribution of students taking alcohol according to school category

When looking across the classes, (fig 3), 29.5% of the respondents taking alcohol are from form four and it increases across the classes. This is key in programming, as the project needs to target form one and two to reduce the progression of increasing alcohol intake and reduce alcohol dependence.
Fig 3: Distribution of students who are taking alcohol across classes

<table>
<thead>
<tr>
<th>Age of first alcohol intake</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 12 years</td>
<td>23.2%</td>
</tr>
<tr>
<td>Between 12 to 14 years</td>
<td>29.0%</td>
</tr>
<tr>
<td>Between 14 to 16 years</td>
<td>26.5%</td>
</tr>
<tr>
<td>Between 16 and 18 years</td>
<td>19.1%</td>
</tr>
<tr>
<td>Above 18 years</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Table 5: Age of first alcohol intake

As a follow up question, the participants of this study were asked what their age was when they first consumed alcohol. This question provides important data given that about 40% of those who begin drinking before the age of 14 years develop alcohol dependence, whereas only 10% of those who do not begin drinking until the age 20 years or older develop alcohol problems (Hingson, 2006). Most of the respondents of this study who currently drink, took their first drink between the ages of 14-16 years at 26.5%. Meanwhile 23.2% of the students who take alcohol took their first drink at below 12 years of age.
44.9% of the respondents highlighted they take alcohol on special occasion while 32% take during the holidays. 5.1% take alcohol daily. Studies show that consumption of large amounts of alcohol on a regular basis increases the likelihood of developing dependence. (Hingson, 2006) Another determinant of accessibility is its affordability. Study, the respondents were also asked about the cost at which they obtained their alcohol. 38.32% stated they bought the alcohol at a price between KShs. 100 and KShs 200. According to Babor et al (2003), alcohol prices have an effect on the levels of alcohol consumed. Consumers of alcoholic beverages have been found to increase their drinking when prices are low and to decrease their drinking when prices rise.

<table>
<thead>
<tr>
<th>Price one bought Alcohol</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below KShs. 20</td>
<td>3.50%</td>
</tr>
<tr>
<td>Between KShs. 20 and KShs. 50</td>
<td>5.61%</td>
</tr>
<tr>
<td>Between KShs. 50 and KShs. 100</td>
<td>22.43%</td>
</tr>
<tr>
<td>Between KShs.100 and KShs. 200</td>
<td>38.32%</td>
</tr>
<tr>
<td>Over KShs. 200</td>
<td>30.14%</td>
</tr>
</tbody>
</table>

Table 6: Pricing of the alcohol bought

<table>
<thead>
<tr>
<th>Type of alcohol</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>58.1%</td>
</tr>
<tr>
<td>Spirits</td>
<td>59.8%</td>
</tr>
<tr>
<td>Chang’aa</td>
<td>10.3%</td>
</tr>
<tr>
<td>Busaa</td>
<td>8.3%</td>
</tr>
<tr>
<td>Muratina</td>
<td>13.4%</td>
</tr>
<tr>
<td>Mmazi</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Table 7: Type of alcohol consumed

Fig 4: Frequency of taking alcohol
The most common type of alcohol reported to be consumed by the respondents in this study were spirits (59.8%). This was followed closely by beer with 58.1%. Only 8.3% of the respondents reported to be taking Busaa.

The main reason reported for taking alcohol was peer pressure at 36.6% while 35.5% said for fun. 4.7% highlighted they are addicted and 2.3% said it because of the family, as shown in fig 5. The finding here will help generate programs that will focus on peer and also give skills to the students to avoid peer pressure, for example, negotiation skills and refusal skills.

![Fig 5: Reasons for taking alcohol]
When the respondents were asked where they obtained their first alcoholic drink from, majority of the respondents 32.2% reported that they got it from friends, 17.1% from a relative and 14.3% from the house. 9.6% highlighted that they got their first drink from their parents.

<table>
<thead>
<tr>
<th>Where they got their alcohol</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I buy it in a shop in the school</td>
<td>1.9</td>
</tr>
<tr>
<td>I buy it outside the school</td>
<td>16.8</td>
</tr>
<tr>
<td>I gave someone else the money to buy it for me</td>
<td>8.3</td>
</tr>
<tr>
<td>I got it from my friends</td>
<td>39.3</td>
</tr>
<tr>
<td>I got it from my family/relative</td>
<td>28.9</td>
</tr>
<tr>
<td>I stole it</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Table 8: How alcohol was obtained

39.3% of the respondents obtained alcohol from friends when they needed it and 28.9% from family and relatives. Only 1.9% obtained alcohol from a shop while 4.9% obtained their alcohol through stealing.
Majority (38.7%) of the respondents who reported to be current consumers of alcohol indicated that they consumed it from a friend’s place with another 32.3% consuming from their home while 30.2% consumed alcohol in the bar.

Only 4.9% of the respondents were currently smoking cigarettes. However, 7.2% reported to be consumers of Miraa while 21.3 reported to have abused prescription drugs.

<table>
<thead>
<tr>
<th>Other drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>0.8</td>
</tr>
<tr>
<td>Bhang</td>
<td>5.8</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.6</td>
</tr>
<tr>
<td>Miraa</td>
<td>7.2</td>
</tr>
<tr>
<td>Tobacco</td>
<td>0.4</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>21.3</td>
</tr>
<tr>
<td>N/A</td>
<td>63.9</td>
</tr>
</tbody>
</table>

Table 9: Other drugs taken

**Awareness of Risks associated with alcohol and other drugs**
Awareness is defined as knowledge gained through one’s own perceptions or by means of information. The respondents were asked about their level of knowledge concerning what they feel or think are risks posed by use of alcohol. There were high numbers of responses to indicate that alcohol consumption was bad (93.1%) while 74.4% reported that taking alcohol could lead to poor performance in class.
<table>
<thead>
<tr>
<th>Knowledge of risks associated with Alcohol</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol consumption is bad</td>
<td>93.1</td>
</tr>
<tr>
<td>Use of alcohol increases the risk of getting HIV</td>
<td>47.7</td>
</tr>
<tr>
<td>Use of alcohol may lead to skipping school</td>
<td>46</td>
</tr>
<tr>
<td>Use of alcohol increases the risk of getting pregnant</td>
<td>44.4</td>
</tr>
<tr>
<td>Use of alcohol may lead one to be suspended</td>
<td>50.8</td>
</tr>
<tr>
<td>Use of alcohol increases the risk of getting expelled</td>
<td>50</td>
</tr>
<tr>
<td>Use of alcohol may lead to poor performance in class</td>
<td>74.4</td>
</tr>
<tr>
<td>Use of alcohol may lead to student to student aggression</td>
<td>45.6</td>
</tr>
<tr>
<td>Taking alcohol may lead to loss of interest in school</td>
<td>59.2</td>
</tr>
<tr>
<td>Use of alcohol may lead to failing of exams</td>
<td>57.3</td>
</tr>
<tr>
<td>Use of alcohol may lead to school dropout</td>
<td>59.8</td>
</tr>
<tr>
<td>Use of alcohol exposes you to crime</td>
<td>58.2</td>
</tr>
<tr>
<td>Use of alcohol exposes you to accidents</td>
<td>60.9</td>
</tr>
<tr>
<td>Use of alcohol may lead to death</td>
<td>65.4</td>
</tr>
</tbody>
</table>

Table 10: Risk Perceptions

Further analysis revealed that 67.4% of the respondents think that use of alcohol exposes them to the risks highlighted above with 58.8% highlighting that they feel alcohol would lead them to have poor performance in class.

Pre-disposition to risks associated with alcohol
Research has associated adolescent alcohol use with high-risk sexual behavior, for instance, multiple partners or unprotected sex (WHO, 2005). The consequences of high-risk sexual behavior also are common in this age group, particularly unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS. The study sought to find out if the students had ever had sex. 39.7% of the respondents reported to have ever had sex including 71.5% of the males and 28.5% of female as shown in fig 10.

![Fig 8. Distribution of respondets who had ever had sex](image-url)
Among the respondent who have had sex, 56.7% have had penetrative male-female sexual relations and only 0.7% and 0.6% having male-male relationship and female-female relationship respectively. 8% of the respondents highlighted that they had ever had sex after taking alcohol while 3.5% can’t remember if they had sex after taking alcohol. There was a strong association found between students who reported that they have ever had a drink, and those that reported that they have had sex (p=0.000).

<table>
<thead>
<tr>
<th>Age of first sexual intercourse</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 12 years</td>
<td>21.7</td>
</tr>
<tr>
<td>12-14 years</td>
<td>25.1</td>
</tr>
<tr>
<td>14-16 years</td>
<td>31.0</td>
</tr>
<tr>
<td>16-18 years</td>
<td>20.3</td>
</tr>
<tr>
<td>Above 18 years</td>
<td>1.9</td>
</tr>
</tbody>
</table>

*Table 11: Age of first sexual intercourse*

Among the respondents who have had sex, 31% reported to have had their sexual debut at between the age 14-16 years and 25.1% at the age of 12-14 years. 21.7% of the respondents who had had sex made their debut at below the age of 12 years.

<table>
<thead>
<tr>
<th>Number of partners one has had sex with</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>41.5</td>
</tr>
<tr>
<td>Two-Three</td>
<td>27.8</td>
</tr>
<tr>
<td>Three-Five</td>
<td>11.1</td>
</tr>
<tr>
<td>Above 5</td>
<td>19.5</td>
</tr>
</tbody>
</table>

*Table 12: Number of sexual partners*

When asked the number of people they have had sex with, majority (41.5%) said they have had one sexual partner while 19.5% reported to have had more than five (5) partners.
When comparing between the genders, the study shows that males had more sexual partners as compared to the females with 15.8% of sexually active males reporting more than five (5) partners.

When asked if they are aware of any rules against alcohol and drug abuse in their schools 90.7% of the students indicated that they are aware.

74.1% said they have someone to talk to if they had an alcohol related problem. When further probed regarding whom they would talk to about such a problem, 29.1% reported teachers and 26.3% said Parents. Only 0.9% said they could talk to the prefects.

It would be imperative to determine the level of knowledge teachers and parents have about substance abuse considering that students indicate they would select them as a source of help.

Given that they are students themselves Prefects have much greater access to their fellow students. It would therefore be worthwhile to explore way in which they could be trained and positioned to help fellow students around problem issues such as substance abuse in the school setting.

When asked about implementation of schools rules, 73.9% said it was the teachers and 2.9% said prefects. Surprisingly 9.5% do not know who implements the rules in schools.
Table 15: Distribution of implementers of rules in school.

<table>
<thead>
<tr>
<th>Who implements the rules</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>73.9</td>
</tr>
<tr>
<td>Prefects</td>
<td>2.9</td>
</tr>
<tr>
<td>Students</td>
<td>2.8</td>
</tr>
<tr>
<td>Parents</td>
<td>1.0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Discussion

The finding of this report reinforced the observation that high school students are consuming alcohol. Even though 48.9% of students have ever taken alcohol only 18.5% are current consumers. Programs need to encourage the students who have stopped drinking to maintain that lifestyle.

These findings indicate that most students begin having sex at an early age i.e. before their 18th birthday (age of consent in Kenya). Early sexual encounter have complicated results on young people's sexual health. For instance, early pregnancies, contraction of STIs and gender based sexual violence caused by lack of autonomous decision to engage in sex. Students also demonstrate their risk of exposure in the number of sexual partnership reported. 19.5% of them having more than five (5) partners translating into a significant number of sexual partnerships, which represents a significant risk for HIV exposure and subsequent infection. Protection during sexual intercourse reduces one's risk in getting STIs including HIV. Protection use among the students having sexual intercourse is low and majority of the students who are having sex either did not use protection or do not remember. This represents significant risk of STIs acquisition.

It is clear from the data the data that students do not practice what they know. There were high levels of knowledge that alcohol is bad however still half of the respondents have taken alcohol. Of all the risks associated with alcohol, most students highly perceived decline in academic aspiration as a major consequence of consuming alcohol. Interestingly, death was viewed as lesser a risk compared to decline in academic aspirations. This finding is of concern to stakeholders attempting to mitigate the impact of alcohol consumption because according to the recent WHO Global Status Report on Alcohol and Health (2011), “the health impact from alcohol strikes relatively early in life, it is the leading risk factor for mortality and the overall burden of disease in the 15–59 age group”

Majority of the students said that they could access Psycho-Social Support (PSS) if ever faced with alcohol problem. The current PSS system in high schools falls under the Guidance and Counseling programs established by the Kenyan Ministry of Education. Given that, a majority of the students report that they would choose to approach a teacher; this underscores the importance of equipping teachers with the requisite skills. The guidance and counseling function in schools should therefore take a more prominent role. The methods of selecting, training, deploying and motivating such teachers should be improved on.
Recommendations

1. Based on the survey, there seems to be a strong disconnect in the enforcement of legislation related to age restrictions in the sale of alcohol and tobacco to minors (persons under 18 years), with reports of open access at parties, festivals, and at places of business. Greater emphasis is required on the enforcement of legislation relating to the sale of alcohol and cigarettes to minors. Steps should be taken to review existing legislation with special attention given to the implications of availability, access, and the pervading culture.

2. As both a demand reduction and harm reduction issue, there seems to be a notable lack of support for agencies undertaking alcohol and drug abuse prevention programs. Although recognized as a significant problem, there are very few initiatives/programs addressing the use of alcohol and drugs among young people. Consequently, the establishment of rehabilitation centers is imperative, with supporting community-based structures (or transformation centers) to provide treatment, reintegration, and long-term support for addicted individuals. Programs should be age-and gender-sensitive to allow for maximum benefit. Existing infrastructure (Youth and Community Centers) can be used to facilitate the short-term implementation of this system through a decentralized approach. The experience and approach of Village Digital Centers should be embraced.

3. There is need for immediate review of materials used in public education efforts targeting young people. For young persons, information presented should be more visual, concise, interactive, and user friendly. Advertising efforts should be more long-term in nature. This may require the establishment of an advertising and development unit in under NACADA and the Ministry of Youth and Social Services.

4. Education and awareness campaign efforts need to be more interactive in nature and should incorporate the experiences of recovering addicts. Appropriate training should be offered to individuals who were users to allow them to share specific age-appropriate information to young persons in communities in an attempt to “keep it real”.

5. There should a sustained promotion of community based sports and youth development programs that are linked to character development and address the issue of personal and economic life-skills development, including anger management, goal setting, decision making, managing finance, employment and resistance skills. This should be done in concert with the goals and objectives of the National Youth Policy.

6. Alcohol and drug education programs should be introduced in schools and other centers of learning and should include values- and character-based learning approaches. In this regard, the training of special educators would be required.

7. Multiple approaches should be used in the building of public awareness on issues relating to alcohol and drug use as well as harm reduction, and these should include open forums, discussion groups, films, home videos, music, and motivation sessions.
8. There is need to further explore the economics of alcohol use as well as drug abuse and trafficking especially as it impacts on young people and the implication it may have for national development especially in terms of human resource base.

Conclusion
The relationship between young people and alcohol is quite complex with many factors playing a role in their drinking behavior. While there is no single solution to prevent alcohol harm among young people, there is need to create an enabling environment to reduce the impact of alcohol on young people, which can be done by addressing the key factors influencing alcohol use among young people.

Parental Influence
Based on the findings of the survey, parental influence is one key factor in alcohol consumption among young people. It is apparent that the drinking behavior of a parent can easily influence a young person. Consequently, efforts to reduce alcohol harm among young people should be directed at supporting and educating parents. The government’s approach should build highlight the key role parents can play in preventing alcohol harm to young people.

Peer Influence
The influence of peers plays a key role in promoting or preventing alcohol use among young people. Based on the survey, many young people are introduced to alcohol by their peers and friends. Consequently, peers including celebrities heavily influence young people’s perceptions on alcohol use. In terms of possible interventions in this area, campaigns should utilize local role models and reformed alcohol users to promote behavior change among young people. In addition, schools should be equipped (human and financial resources) to provide harm-reduction programs

Access to Alcohol
Young people’s access to alcohol is also seen as an important in promoting alcohol use. The survey search suggests increased access by young people to alcohol increases the potential for alcohol use and abuse as well as the related risks. Consequently, campaigns need to target accessibility to alcohol especially in households. Messages targeting parents and guardians should create awareness that the majority of young people access alcohol from their homes and as such, parents need to be more rigorous in storing and monitoring alcohol in their homes.

Concerning access of alcohol from retail stores, the survey indicates that price control could hamper alcohol consumption among young people. Based on the survey, majority of the respondents consume cheap hard liquor going for below KShs. 200 per unit, as such increasing prices of alcoholic beverages especially hard liquor would go a long way in reducing harm to young people. While the licensing policy has provisions for reducing underage sales, there is need to enforce stricter controls and measures among all alcohol retailers to minimize direct sales to young people. The government should also concentrate on communicating consistent messages to parents about their role in
enabling their children to access alcohol.

The new alcohol act offers the opportunity for concerned stakeholders to set out a strong central policy direction to prevent and reduce alcohol harm especially among young people. We all have role in orchestrating change and responding to alcohol and drug use among our youth by addressing the root causes and providing sustainable solutions and support for youth through skills development programs and education at the community, county and national level.
Works Cited


Appendix 1:

HIGH SCHOOL STUDENT QUESTIONNAIRE
Students’ Campaign Against Drugs (SCAD)

Baseline Survey on Knowledge, Attitudes and Practice relating to alcohol, other drugs and HIV/AIDS

Dear Student,
SCAD is currently undertaking a survey in an effort to gauge the knowledge, attitudes and practices of young people in relation to alcohol, drugs and HIV/AIDS. The aim of this exercise is to design and implement an effective and comprehensive alcohol and other drug prevention program for young people. You are under no obligation to participate in this survey, but should you choose to participate, please fill in your responses. It will take 30 minutes to complete this questionnaire.

Please do not write your name in the questionnaire.

Take time to read the instructions for each section carefully and to answer each question as honestly as possible. Every response is valid Your answers will be confidential and will only be used for the purposes of this survey.

We hope you find this a positive and interesting experience. If you have any questions or comments about any part of this survey or if it has raised any issues which you feel you need to discuss, please call SCAD on 0722-634024 and 020-386 2070 or email scad@wananchi.com

Thank you,

SCAD
<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>TYPE OF SCHOOL (e.g. Boarding, Day)</th>
<th>CATEGORY OF SCHOOL (e.g. National, Provincial, District)</th>
<th>QUESTIONNAIRE NUMBER (OFFICIAL USE)</th>
</tr>
</thead>
</table>

**SECTION 1: DEMOGRAPHIC INFORMATION**

<table>
<thead>
<tr>
<th>1. What is your gender?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Male</td>
<td></td>
</tr>
<tr>
<td>b) Female</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. What is your age?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Below 14yrs</td>
<td></td>
</tr>
<tr>
<td>b) 14-16 yrs</td>
<td></td>
</tr>
<tr>
<td>c) 17-18yrs</td>
<td></td>
</tr>
<tr>
<td>d) Over 18yrs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. In what class are you currently?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Form 1</td>
<td></td>
</tr>
<tr>
<td>b) Form 2</td>
<td></td>
</tr>
<tr>
<td>c) Form 3</td>
<td></td>
</tr>
<tr>
<td>d) Form 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Are you currently a member of any club in your school?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td></td>
</tr>
<tr>
<td>b) No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. If yes above, which of the following clubs are you a member?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Wildlife</td>
<td></td>
</tr>
<tr>
<td>b) Religious</td>
<td></td>
</tr>
<tr>
<td>c) Science</td>
<td></td>
</tr>
<tr>
<td>d) Anti-drugs</td>
<td></td>
</tr>
<tr>
<td>e) Sports</td>
<td></td>
</tr>
<tr>
<td>f) Arts</td>
<td></td>
</tr>
<tr>
<td>g) Drama</td>
<td></td>
</tr>
<tr>
<td>h) Music</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

This Column is for Official use. Do not write in it.
6. Which of the following best describes the family you currently live with?
   a) Mum and Dad
   b) Single Mum
   c) Single Dad
   d) Foster Parents
   e) Aunt/Uncle
   f) Grandparent(s)
   Other (specify) ____________________

7. How old are the parents you currently live with?
   a) Below 40 years
   b) 40-50yrs
   c) 50-60yrs
   d) 60-70yrs
   e) Over 70yrs

**SECTION 2: ACCESS TO ALCOHOL**

8. Have you ever taken alcohol?
   a) Yes
   b) No

9. If yes above, how old were you when you first took alcohol?
   a) Below 12yrs
   b) 12-14yrs
   c) 14-16yrs
   d) 16-18yrs
   e) Above 18yrs

10. When you first took alcohol, where did you get it? (you can tick more than one)
    a) A friend or friends
    b) A parent or parents
    c) A bar
    d) A relative
    e) From siblings
    f) The house
    g) School
    h) Shop

11. Do you currently take alcohol?
    a) Yes
    b) No
12. If yes above, which types of alcohol? (tick as appropriate)
   a) Beer
   b) Spirits
   c) Chang'aa
   d) Busaa
   e) Muratina
   f) Mnazi
   g) Others (specify) ____________________________________________

13. How often do you take alcohol?
   a) Daily
   b) 2-3 times a week
   c) Once a week
   d) Every 2 weeks
   e) Once a month
   f) Only during holidays
   g) On special occasions
   Others (specify) ____________________________________________

14. When you take alcohol, where do you get it from?
   a) I buy it in a shop in the school
   b) I buy it outside the school
   c) I gave someone else the money to buy it for me
   d) I got it from my friends
   e) I got it from my family/relative
   f) I stole it
   Others (specify) ____________________________________________

15. At what price do you buy the Alcohol?
   a) Below 20 ksh
   b) 20-50 ksh
   c) 50-100 ksh
   d) 100-200 ksh
   e) Over 200 ksh

16. Where do you consume alcohol?
   a) School
   b) At home
   c) At your friends place
   d) In a bar
   e) At your relatives place
   f) During school functions
   Others (specify) ____________________________________________

17. In your opinion is consumption of alcohol good or bad?
   Good
   Bad
18. If you consume alcohol, what is the main reason for that?
   a) Peer pressure
   b) Stress
   c) Family
   d) For fun
   e) Addiction
   f) Boredom
   g) All my friends do it
   h) It relaxes me
   Others (specify) _____________________

19. Do you smoke cigarettes?
   Yes
   No

20. What other drugs do you take?
   a) Heroin
   b) Bhang
   c) Cocaine
   d) Miraa
   e) Tobacco
   f) Prescription drugs
   Others specify _____________________

21. If you smoke, how often?
   a) Daily
   b) 2-3 times a week
   c) Once a week
   d) Every 2 weeks
   e) Once a month
   f) Holidays
   Others (specify)______________________

SECTION 3: AWARENESS OF RISKS ASSOCIATED WITH ALCOHOL AND OTHER DRUGS

22. Are you aware of any risks posed by use of alcohol?
   a) Yes
   b) No
23. Which of the following do you see as risks posed by use of alcohol? (You can tick more than one)
   a) HIV infection
   b) Truancy cases
   c) Pregnancy
   d) suspension
   e) expulsion
   f) poor performance in class
   g) student-student aggression
   h) loss of interest in school
   i) Failing Exams
   j) School dropout
   k) Crime
   l) Social disorder
   m) Accident
   n) Death
   Others (specify)_____________________________________

24. Do you think use of alcohol exposes you to any of the risks above?
   a) Yes
   b) No
   c) Don’t know

25. If yes above, which risks do you see alcohol exposing you to?
   a) HIV infection
   b) Truancy cases
   c) Pregnancy
   d) suspension
   e) expulsion
   f) poor performance in class
   g) student-student aggression
   h) loss of interest in school
   i) Failing Exams
   j) School dropout
   k) Crime
   l) Social disorder
   m) Accident
   n) Death
   Others (specify)_____________________________________

SECTION 4: PRE-DISPOSITION TO RISKS ASSOCIATED WITH ALCOHOL

26. Have you ever had sex?
   a) Yes
   b) No
27. If yes above, which of the following types of sex have you had?
   a) Boy-Girl penetration  
   b) Girl-Girl penetration  
   c) Boy-Boy penetration  
   d) licking of sexual parts  
   e) Just kissing  
   f) Touching of sexual part  
   Others (specify) _________________________________

28. How old were you when you first had sex?
   a) Below 12yrs  
   b) 12-14yrs  
   c) 14-16yrs  
   d) 16-18yrs  
   e) Above 18yrs

29. Are you currently having sex?
   Yes  
   No

30. How many different people have you had sex with so far?
   a) One  
   b) Two-Three  
   c) Three-Five  
   d) Above Five

31. If yes in question 29 above, when you have sex do you use protection?
   a) Yes  
   b) No  
   c) Don't know

32. If yes above, which protection methods do you use when you have sex?
   a) Condoms  
   b) Birth control pills  
   c) Withdrawal of ejaculation  
   d) Having sex only on Safe days  
   Others (specify) _________________________________

33. If no above, why did you not use protection?
   a) I don’t know why  
   b) I don’t like to use  
   c) My partner did not like  
   d) It was not available  
   e) I don’t know how to use  
   Others (specify) _________________________________
34. Have you ever had sex after taking alcohol?
   a) Yes  
   b) No  
   c) I can’t remember

35. If yes above, was it:
   a) Willingly  
   b) un-willing
   c) Forced
   d) Persuasion
   e) Drugged
   Others (specify)______________________

36. Where do you have sex?
   a) School
   b) home
   c) At a friends place
   d) In a party
   Others (specify)____________________________

**SECTION 5: EXISTENCE OF STUDENT-FRIENDLY STRUCTURES AND RULES THAT MITIGATE ALCOHOL AND DRUG USE**

37. Are you aware of any rules against alcohol and drug use in your school?
   a) Yes  
   b) No

38. If yes above, who implements the rule (s) in your school?
   a) Teachers  
   b) Prefects
   c) Students
   d) Parents
   e) Don’t know
   Others(specify)____________________________

39. Is there any one you can talk to things concerning the school policy?
   a) Yes
   b) No

40. If yes above, who do you talk to?
   a) Teachers
   b) Parents
   c) Prefects
   d) Other students
   e) Non-teaching staff
   Other (specify) ______________________________
### Questionnaire:

1. **Is the student structure friendly?**
   - a. Yes
   - b. No

2. **When not in school, do you spend time with your parents?**
   - a) Yes
   - b) No
   - c) Sometime

3. **If yes above, how much time do you spend with your parents?**
   - a) Everyday
   - b) Few days in a week
   - c) Once a week
   - d) Whenever they’re available
   - Others (specify) ____________________________

4. **When you spend time with your parents, what do you do?** (you can tick more than one)
   - a) We just hang out
   - b) We talk about school
   - c) We talk about sex
   - d) We talk about drug abuse
   - e) We talk about HIV/AIDS
   - f) We talk about pregnancy
   - g) We talk about peer pressure
   - h) We barely talk
   - Others (specify) ____________________________

5. **If you don’t spend time with your parents when out of school, which of the following would be the possible reasons?**
   - a) We don’t get time to spend together
   - b) We’re never home together
   - c) I prefer not to spend time with them
   - d) They prefer not to spend time with me
   - Others (specify) ____________________________

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**Thank you for responding to this questionnaire!**
A SITUATIONAL ANALYSIS OF ALCOHOL CONSUMPTION AMONG HIGH SCHOOL STUDENTS

A BASELINE SURVEY REPORT
Funded by the Swedish International Development Cooperation Agency

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